

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 2050768

FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 17 1964

## 1. PLACE OF DEATH

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **KANSAS CITY**

Length of stay in 1b  
**41 years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **VA HOSPITAL**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**1013 FOREST**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
**GEORGE GREER GAINES**

4. DATE OF DEATH Month Day Year  
**DECEMBER 26 1963**

5. SEX  
**MALE**

6. COLOR OR RACE  
**WHITE**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**3-25-98**

9. AGE (last birthday)  
**65 yrs**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**COOK - RETIRED**

10b. KIND OF BUSINESS OR INDUSTRY  
**RESTAURANT**

11. BIRTHPLACE (City and state or country)  
**HON, ARKANSAS**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**ALBERT C. GAINES**

13b. MOTHER'S MAIDEN NAME

**LILLIAN RICHMOND**

14. NAME OF HUSBAND OR WIFE

**--**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes WW II**

16. SOCIAL SECURITY NO.  
**200-1-5570**

17. INFORMANT

**VA Hospital Official Records**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**GANGRENE OF INTESTINES**

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

**MESENTERIC THROMBOSIS**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**SQUAMOUS CELL CARCINOMA OF LEFT LUNG**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

**VA** Dec. 3, 1963 to Dec. 26, 1963

21. Attended the deceased from Dec. 3, 1963 to Dec. 26, 1963  
Death occurred at **11:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
**12-31-63**

23c. NAME OF CEMETERY OR CREMATORY  
**NATIONAL CEMETERY**

23d. LOCATION (City, town, or county) (State)  
**FT. LEAVENWORTH, KANSAS**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**GEO. C. CARSON & SONS, INDEPENDENCE, MO.**

**12-30-63**

**Bessie Smith**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
Stephen Parks

BY AFFIDAVIT OF

